TRAUMA, EMERGENCY, BIOTERRORISM RESPONSE ASSESSMENT

ASSESSMENT ADJUSTMENT REQUEST

Use this form to report discrepancies between square footage according to the Assessor's Office database or website (http://assessor.lacounty.gov/extranet/DataMaps/Pais.aspx), and square footage according to the property owner.

Please print clearly all the following required information and attach a diagram reflecting all structural dimensions, excluding parking garages. (Note: Failure to provide the required information will delay processing of your request.)

Assessor's ID. No.: ___ ___ ___ ___ - ___ ___ ___-___ ___ ___

Owner(s) Name(s): _____

Property Address: _____
Street Address City Zip Code

Mailing Address: _____
Street Address City Zip Code

Daytime Telephone: ___ ___ ___ - ___ ___ ___ - ___ ___ ___
Area Code

FISCAL YEAR (S)		
ADJUSTMENT REQUESTED:	**FROM:**	**TO:**
SQUARE FOOTAGE		

Reason for change:

_____
_____
_____
_____
_____

I certify (or declare) that the foregoing and all information hereon is true, correct and complete to the best of my knowledge and belief. This declaration is binding on each and every co-owner. The Assessor's Office may make a physical inspection of the property to verify this request for data change.

Signature of Property Owner: _____ _____
Date

Mail Completed form to:

County of Los Angeles
Department of Health Services
Trauma Property Assessment
313 N. Figueroa St. Room 505
Los Angeles, California 90012

For information, please call:

(866) 5-TRAUMA or
(866) 587 - 2862

Rev 10/18/11
JW/ml

FOR COUNTY USE ONLY

Assessor's Identification Number(s) _____

DHS:

Date Received from Property Owner: _____

Date Sent to Assessor's Office: _____

Assessor:

Date Received from DHS: _____

Date Sent to Regional Office: _____

Date Property Visited: _____

Adjusted Square Footage: From: _____ To: _____

Years Affected: _____

Date Database Updated (if applicable): _____

Assessor Employee Name: _____

Assessor Employee Telephone: _____

Date Received from Regional Office: _____

Date Sent to DHS: _____

DHS:

Date Received from Assessor's Office: _____

Date Sent to Auditor-Controller Tax Division (if applicable): _____

Auditor-Controller Tax Division (if applicable)

Date Received from DHS: _____

Date Assessment Recalculated: _____

Revised Amount of Assessment: _____

Auditor-Controller Tax Division Employee Name: _____

Auditor-Controller Tax Division Employee Telephone: _____

DHS (if applicable):

Date Received to Auditor-Controller Tax Division (if applicable): _____

NOTED AND APPROVED

_____ _____

Mitch Katz, M.D. Date
Director
Department of Health Services

DHS (if applicable):

Date Payment Voucher Approved in eCAPS (if applicable): _____

Date Property Owner Notified: _____